

Waiver Quality Management Requirements

TBI Stakeholder Meeting
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CMS Quality Requirements

- In order for a state to be approved for a Home and Community Based Services waiver, the State must show systems in place to measure and improve its own performance in assuring:
 - Administrative authority
 - Level of Care determination
 - Qualified providers
 - Service plans
 - Participant safeguards
 - Participant health and welfare
 - Financial accountability



Administrative Authority

- The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by contracted entities.
- A performance measure should be developed and tracked for any authority that the State Medicaid Agency (SMA) delegates to another agency.



Level of Care

- The State demonstrates that it implements the processes and instrument specified in its approved waiver for evaluating/ reevaluating an applicant's/ waiver participant's level of care consistent with care provided in a NF
 - An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.
 - The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine initial participant level of care.



Service Plan

- The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.
 - Service plans address all members' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.
 - Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.
 - Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.
 - Participants are afforded choice between/among waiver services and providers.



Qualified Providers

- The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.
 - The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.
 - The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.
 - The State implements its policies and procedures for verifying that training is provided in accordance with State requirements and the approved waiver.



Health and Welfare

- The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.
 - The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.
 - The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.
 - The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.
 - The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.



Financial Accountability

- The State must demonstrate that it has designed and implemented an adequate system for insuring financial accountability of the waiver program.
 - The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.
 - The State provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.



MI Choice Clinical Quality Assurance Reviews (CQAR)

- Registered nurse (RN) reviewers conduct reviews of:
 - Participant enrollment
 - Assessment data
 - NFLOC eligibility
 - Plans of Care and care planning process
 - Reassessment data
- For each waiver agent, RN reviewers review a percentage of randomly selected participants.



MI Choice Administrative Quality Assurance Reviews (AQAR)

- The Home and Community Based Services Section staff conducts on-site visits to verify administrative and program policy and procedural requirements on a biennial basis.
- The AQAR examines:
 - Policy and procedure manuals
 - Peer review reports
 - Results from participant satisfaction surveys
 - Provider monitoring reports
 - Provider contract templates
 - Financial systems
 - Claims accuracy
 - Quality management plan
 - Required provider licenses/certifications
- Home visits are also conducted as part of the AQAR.



MI Choice Statewide Participant Satisfaction Survey

- Given to all participants at least once per year.
- Questions address satisfaction with supports coordinators, services and aides.
- Same questions asked statewide.



Critical Incidents

- Assuring Health and Welfare for individuals receiving 1915c waivers is a **key** regulatory requirement
- Health and Welfare covers a number of areas, including:
 - Protection from harm when serious incidents occur (e.g., abuse, neglect, exploitation and other serious incidents as defined by the state)
 - Protections for the use of restraints, seclusion and other restrictive interventions
 - Safeguards for medication management and administration



Critical Incident Management

- Critical Incidents are:
 - Incidents, events, occurrences which jeopardize the health and welfare of a participant
- Waiver Agents must report Critical Incidents to MDCH via an online reporting system. Agents must also:
 - Follow up with the incident until resolution
 - Help the participant determine how to avoid future occurrences of the critical incident



Types of Critical Incidents tracked in the MI Choice program

- Exploitation
- Illegal Activity in the Home
- Neglect
- Physical Abuse
- Provider No Show
- Sexual Abuse
- Suspicious death
- Theft
- Verbal Abuse
- Worker
Drugs/Alcohol
- Medication error
- Suicide attempts
- Use of restraints or seclusion



Waiver Quality Plans

- Each waiver must have its own quality assurance system.
- States submit yearly reports to CMS including brief updates on quality assurance system and performance measures.
- States submit an evidentiary report on all of their performance measures approximately 18 months prior to the waiver renewal date.



Meeting Assurances

- In order to meet each assurance, the following must occur:
 - Performance measure evidence is presented for each subassurance;
 - The performance measure evidence for each subassurance is at or above 86% in all waiver years, OR quality improvement projects have been initiated for each subassurance with a measure below 86%, OR CMS accepts justification for why a performance improvement plan was not initiated to address the performance issue; and
 - The state has provided an aggregated report on the individual remediation of substantiated instances of abuse, neglect and exploitation under the Health and Welfare Subassurance Two.



Quality Improvement Projects

- CMS requires that states investigate whenever a performance indicator is not fully met (success rate of less than 86%).
- If a performance indicator is not met, the state must conduct systemic remediation (Quality Improvement Projects – QIP) unless they can demonstrate the QIP is not warranted.



MI Choice Quality Management Collaborative

- Group comprised of MI Choice participants, family, aides, waiver agencies and MDCH.
- Chaired by participant.
- The QMC is involved in development and review of quality management activities. They review quality outcomes, identify areas that need improvement, develop strategies for remediation of service delivery, and recommend improvements for MI Choice.



Quality Management

- Questions? Comments?
- What data is already collected in the TBI program that might help support these assurances?
- What do we need to make sure to measure as part of this waiver to ensure quality?

